
4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

A provider of therapeutic support of foster care services must be capable of providing all of the components specified in items A-C on pages 17b-17c for **professional home-based mental health services**.

Payment is limited to the above components, plus time spent traveling to and from the site where therapeutic support of foster care services are provided, up to 128 hours of travel per client in any consecutive six month period. These limits apply on a calendar year basis as well. Travel is paid for at the hourly MA rate paid to a case manager for case management services provided in Supplement 1 to this Attachment.

To be eligible for MA payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides the individual, family, or group skills training. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour during the first 12 hours. The mental health professional must document his or her on-site presence in the child's record.

The services specified in items A through I below are **not** eligible for MA payment:

- A. therapeutic support of foster care provided to a foster family with a child who at the time of the service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, has not had a diagnostic assessment to determine if the person has a serious and persistent mental illness), except that the first 30 hours of therapeutic support of foster care services provided to a foster family with a child who is

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a serious and persistent mental illness) at the time services began is eligible for MA payment;
- B. more than 192 hours of individual, family, or group skills training within any consecutive six-month period. The 192-hour limit may not be exceeded during any calendar year.
 - C. more than a combined total of 48 hours within any consecutive six-month period of individual, family, group, and multiple-family group psychotherapy. The 48-hour limit may not be exceeded during any calendar year, except in the case of an emergency if prior authorization or after-the-fact authorization of the psychotherapy is obtained;
 - D. therapeutic support of foster care services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within any consecutive six-month period. Additional therapeutic support of foster care beyond 240 hours are eligible for MA payment with prior authorization;
 - E. psychotherapy provided by a person who is not a mental health professional;
 - F. individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;
 - G. therapeutic support of foster care provided by a county board or provider under contract to a county board, if the county board or provider is not capable of providing all the components noted on page 17q;
 - H. therapeutic support of foster care simultaneously provided by more than one mental health professional or mental health practitioner unless prior authorization is obtained;
 - I. therapeutic support of foster care to a foster family which duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except:

1. up to 60 hours of day treatment services within a six-month period provided concurrently with therapeutic support of foster care to a child with severe emotional disturbance are eligible for MA payment without prior authorization if the child is:
 - a. being phased out of day treatment services and phased into therapeutic support of foster care; or
 - b. being phased out of therapeutic support of foster care and day treatment services are identified within the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit; or

2. if the mental health professional providing the child's therapeutic support of foster care anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the therapeutic support of foster care, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for MA payment during the period the child receives therapeutic support of foster care.

For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six-month episode of therapeutic support of foster care if the mental health professional providing the therapeutic support of foster care works with the provider of outpatient psychotherapy to facilitate the child's transition from therapeutic support of foster care to

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

outpatient psychotherapy services and to
coordinate the child's mental health
services.

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4.c. Family planning services and supplies.

- Family planning services and supplies are health services or family planning supplies concerned with the voluntary planning of the conception and bearing of children and related to a recipient's condition of fertility.
- HIV blood screening testing performed as part of a package of sexually transmitted disease (STD) tests provided in conjunction with a family planning encounter is a family planning service. Counseling performed before and after the HIV blood screening test is also a covered family planning service.
- Family planning services and supplies are covered services if the recipient requested the service, and the service is provided with the recipient's full knowledge and consent, and the provider complies with 42 CFR §441.250 to 441.259 concerning informed consent for voluntary sterilizations.
- The following services are not covered:
 - a. Reversal of voluntary sterilization;
 - b. Hysterectomies for the purpose of sterilization;
 - c. Artificial insemination; ~~and~~
 - d. Fertility drugs when specifically used to enhance fertility; and
 - e. In vitro fertilization.

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5.a. Physicians' services:

- **Psychiatric services:** Coverage is limited to the following services:

<u>Services</u>	<u>Limitations</u>
Diagnostic assessment	1 assessment of up to two hours per calendar year or up to 4 assessments per calendar year, unless the recipient meets certain medical criteria established in rule; if so, MA will pay for 1 assessment of up to 8 hours.
Psychological testing	32 units per calendar year.
Neuropsychological assessment	28 units per calendar year.
Individual psychotherapy, 20 to 30 minutes	Individual psychotherapy and one half hour units of biofeedback training combined, are covered up to 26 hours per calendar year, not more frequently than once every 5 calendar days; unless additional coverage is prior authorized. *
Individual psychotherapy, 40 to 50 minutes	Individual psychotherapy and one hour units of biofeedback training combined, are covered up to 20 hours per calendar year, not more frequently than once every 10 calendar days; unless additional coverage is prior authorized.*
Individual psychotherapy discretionary	Up to 6 hours per calendar year.

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5.a. Physicians' services (continued):

<u>Services</u>	<u>Limitations</u>
Family psychotherapy without patient present	Not more frequently than once every 5 calendar days, up to 20 hours per calendar year when combined with family psychotherapy; unless additional coverage is prior authorized.*
Family psychotherapy	Not more frequently than once every 5 calendar days, up to 20 hours per calendar year when combined with family psychotherapy without patient present; unless additional coverage is prior authorized.*
Family psychotherapy discretionary	Up to 6 hours per calendar year.
Multiple family group psychotherapy	Up to 10 times per calendar year, not to exceed 2 hours per occurrence.*
Group psychotherapy	Up to 78 hours per year, not to exceed 3 hours within a 5 calendar day period.*
Chemotherapy management including prescription, use, and review of medication with not more than minimal medical psychotherapy - provided the medication required is antipsychotic or antidepressant provided by a physician, clinical nurse specialist with a specialty in psychiatric nursing or mental health, or registered nurse who is also a mental health professional or practitioner and is employed or under contract with the physician or provider who is providing clinical supervision.	52 clinical units per calendar year, not more than 1 unit per week.

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5.a. Physicians' services (continued):

<u>Services</u>	<u>Limitations</u>
Electroconvulsive therapy single seizure	
Multiple seizures, per day	
Explanation of findings	4 hours per calendar year.
Unlisted psychiatric service or procedure	
Biofeedback training	One-half hour units of service are subject to the same limitations as individual psychotherapy, 20 to 30 minutes. One hour units of service are subject to the same limitations as individual psychotherapy, 40 to 50 minutes.*

- * In addition to these limits, unless additional coverage is prior authorized, more than 1 type of therapy [group, family, or individual, except for discretionary therapy is not covered if provided more frequently than once every 5 calendar days; nor is more than a 1-hour unit of individual psychotherapy or a 1-hour unit of biofeedback training covered if provided within 10 calendar days of a ½-hour unit of individual psychotherapy (90843), or a ½-hour unit of biofeedback training.

5.a. Physicians' services (continued):

- **Sterilization procedures:** Physicians must comply with regulations concerning informed consent for voluntary sterilization procedures.
- **Laboratory services:** These services must be ordered by a physician. Only laboratory services provided by Medicare certified laboratories are eligible for MA payment. Payment to physicians is done in accordance with 42 CFR §447.10(g).
- **Abortion services:** These services are covered when the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- **Telemedicine consultation services (until July 1, 2001):** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week.
- **Prior Certification:** Physicians must request and obtain certification prior to admitting medical assistance recipients for inpatient hospital services, except for emergencies, delivery of a newborn, inpatient dental procedures, or inpatient hospital services for which a recipient has been approved under Medicare.
- **Delivery of services:** Physician services must be provided by or under the supervision of a medical doctor or doctor of osteopathy licensed under Minnesota Statutes, §147 and within the scope of practice defined by law.
- **Second medical opinion:** Second medical opinion is a condition of reimbursement for **tonsillectomy and/or adenoidectomy, hysterectomy and cholecystostomy.**

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5.a. Physicians' services (continued):

- **Organ transplants:** These services are covered in accordance with the standards and statutory authority provided in Attachment 3.1-E.
- **Physical therapy, occupational therapy, audiology and speech language pathology:** Coverage of these services is limited to services within the limitations provided under items 11.a. to 11.c., Physical therapy and related services.
- **Physician services to pregnant women:** Physicians providing these services must be certified by the Department, through a provider agreement, as qualified to provide services to pregnant women.
- **Physician services to children under 21 years of age:** Physicians providing these services must be certified by the Department, through a provider agreement, as qualified to provide services to children under 21 years of age.
- **Pediatric vaccines:** Physicians who administer certain pediatric vaccines (i.e., vaccines that are part of the Minnesota Vaccines for Children Program) within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program. The Minnesota Vaccines for Children Program is established pursuant to §1928 of the Act.